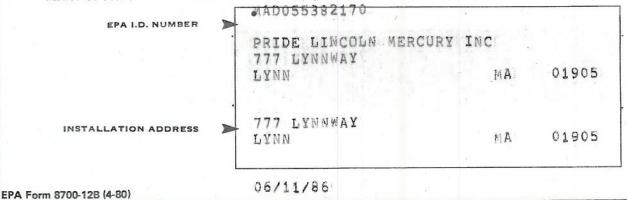


## OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.





Please continue on the second page of this form.

## COMMONWEALTH OF MASSACHUSETTS Department of Environmental Quality Engineering NOTIFICATION OF HAZARDOUS WASTE ACTIVITY



For	Official Use Only	edič išeptosli šu	INSTALLA	TION'S EPA I.D. NUMBER	DATE ISSUED				
		ПППП	-	55 382 170	mo. day year 042886				
Prin	t or type with ELITE type (12 characters/inc	th) in the boxes. Re	ker to line	-hu-ling Instructi	500				
1.	rint or type with ELITE type (12 characters/inch) in the boxes. Refer to Line-by-Line Instructions.  NAME OF INSTALLATION (Do not punctuate or use initials)								
	PRIDE LINCOLM MERCURY INC. APR 28 15								
II. INSTALLATION MAILING ADDRESS Street or Post Office Box									
	77 7 / Y W W W 4 V 1								
	7017112700000								
	City or Town	Sta	ate Zip Co	ode					
	EXMM	m	1 01	905-					
111.	LOCATION OF INSTALLATION			1					
	Street or Route Number			CA	009				
	777 LYNNWAY				009				
	City of Town	SHITTEN CA	7: 6		N				
	City or Town	Sta			U codes V				
	E/700/04 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		13	1951-111					
IV.	PRINCIPAL ACTIVITY								
	4 digit SIC number Description		ligit SIC numbe	r Description					
	7538		539						
V.	INSTALLATION CONTACT		265 - 26g 3	Phone Nu					
	Name (last, first)  Title (area code) (number)								
	RIALIPH A ITOVAMNA	JAL	PRESZ.	DENT 611	592 5800				
VI.	OWNERSHIP								
	Name of Installation's Legal Owner	<del> </del>		Type of Owne					
	NON-FEDERALX								
	FPINANWIA KEMILIN	11055							
VII.	TYPE OF HAZARDOUS WASTE ACTIVITY Enter X on the appropriate line.								
-	Hazardous Waste Activity Waste Fuel Activity		ty	Waste Fuel Burning Type of Combustion Device					
_	Large quantity generator Generator marketing		ng to burner						
	Small quantity generator Other marketer			Utility boiler					
	Transporter * Burner **  Treater/Storer/Disposer * 16 any of above, specify		ilar	Industrial boiler					
	Treater/Storer/Disposer *	Industrial furnace							
	Wastewater Treatment Unit A Massachusetts License is required	1 ** A Massachusetts recyc	ling permit						
				14 back back					
	for these activities.	Specification	used oil fuel	is required.					

	DESCRIPTION O Enter the four-digit r stallation handles. U	F HAZARDOUS number from the Ma Use additional sheet:	assachusetts Regulation	s 310 CMR for each l	isted hazardous waste w	hich your in-			
	D codes - Characteristic Non-Listed Hazardous Wastes. See 30.121 through 30.125.								
	DAMA	0001	Fob3	A005					
	F and M codes - Hazardous Wastes from Non-Specific Sources. See 30.131.								
,	envoxoxus								
	K codes - Hazardous Wastes from Specific Sources. See 30.132.								
	U codes - Commercial Chemical Product Hazardous Wastes. See 30.133.								
-									
	P codes - Acutely Hazardous Wastes. See 30.136.								
IX.	COMMENTS								
	☐ Sheet Attached								
Χ.	X. CERTIFICATION  I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.								
	In addition, I understand that any material supplied with this application will not be considered confidential unless I have specifically requested that such material be kept confidential and and the Department has made a determination of confidentiality in accordance with 310 CMR 3.00, Regulations Governing Access to and Confidentiality of Department Records and Files under the Hazardous Waste Management Act.								
	SIGNATURE	A.z.	/ . 1	JOVALNA JR A	1 .	RED RE			